



MISSOURI DEPARTMENT OF REVENUE
**PROPERTY TAX/PHARMACEUTICAL
TAX CREDIT CLAIM**

**2000
FORM
MO-PTC**

Enclosure Sequence No. 1040-07

DLN

NAME / ADDRESS	YOUR LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	YOUR SOCIAL SECURITY NO.	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOUR SPOUSE	
	SPOUSE'S LAST NAME	PLACE LABEL IN BLOCK	FIRST NAME	INITIAL	BIRTHDATE		SPOUSE'S SOCIAL SECURITY NO.
	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)				TELEPHONE NUMBER		
	PRESENT HOME ADDRESS		CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				AMENDED RETURN <input type="checkbox"/>

QUALIFICATIONS	How do you qualify for the property tax credit or refund? (You must check a qualification to be eligible for a credit or refund.) Check only one. Required copies of letters, forms, cards, etc. must be included with claim.	
	<input type="checkbox"/> A. 65 years of age or older <input type="checkbox"/> B. 100% Disabled Veteran (YOU MUST ENCLOSE A COPY OF THE LETTER FROM DEPARTMENT OF VETERANS AFFAIRS.)	<input type="checkbox"/> C. 100% Disabled (YOU MUST ENCLOSE A COPY OF A LETTER FROM SOCIAL SECURITY ADMINISTRATION, FORM SSA-1099 OR A COPY OF YOUR MEDICARE CARD.) <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits. (YOU MUST ENCLOSE A COPY OF FORM SSA-1099.)
FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year (see instructions)	

SECTION A: Complete only Section A if you did not file a Form MO-1040 and your only sources of income are from social security, pensions and annuities, dividends, interest income or public assistance. Otherwise, please complete both Section A, Page 1 and Section B, Page 2.				
HOUSEHOLD INCOME	Enclose Form SSA-1099 Enclose Form 1099-R Enclose Form SSA-1099 or Letter from SSA, if applicable	1. Did you receive social security benefits? If so, enter the amount before any deductions.	1	00
		2. Did you receive pensions and annuities, dividends or interest income? If so, enter total amount received. (If filing Form MO-1040, enter amount not included on Form MO-1040.)	2	00
		3. Did you receive public relief, public assistance, SSI, AFDC payments or unemployment benefits? If so, enter the total amount received.	3	00
		4. Did you receive any other income not listed on Lines 1-3? If so, complete Section B on reverse side and enter amount from Section B, Line F here.	4	00
		5. TOTAL household income — add Lines 1 through 4	5	00
		6. Are you married and filing a combined claim with your spouse? (You must report both incomes.) If so, enter \$2,000; otherwise, enter zero (0).	6	00
		7. Net household income — (Subtract Line 6 from Line 5.) If the total is over \$25,000, no credit or refund is allowed — Do not file this claim	7	00

REAL ESTATE TAX / RENT PAID	Enclose Real Estate Tax Receipt Enclose Form 948 (if more than 5 acres) Enclose Form MO-CRP, Rent Receipts	8. Did you own your home? If so, enter the total amount of real estate tax that you paid for your home less special assessments. (Complete the worksheet on page 5 if you own more than five (5) acres, a mobile home, a home business or share your home.)	8	00
		9. Did you rent your home? If so, enter amount from Section C, Line 7 or from Form MO-CRP, Line 7. (If Line 9 is more than Line 7, above, enclose rent payment explanation.) <input type="text"/> 00 x 20% = ...	9	00
		10. Total tax and/or rent—add Lines 8 and 9 and enter the total or \$750, whichever is less	10	00

CREDITS	11. PROPERTY TAX CREDIT (apply Lines 7 and 10 to table in the instructions)	11	00
	12. PHARMACEUTICAL TAX CREDIT (If required to file Form MO-1040, enter "0" here; figure your credit on Form MO-1040.) If not filing Form MO-1040, enter up to \$200 for each claimant 65 years of age or older. MUST BE AGE 65 OR OLDER <input type="text"/> 00 + <input type="text"/> 00 = ...	12	00
	13. TOTAL CREDIT OR REFUND (add Lines 11 and 12; enter here and on Form MO-1040, Line 38, if required to file Form MO-1040.)	13	00

SIGNATURE	Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge. As provided in Chapter 143 RSMo, a penalty of up to \$500.00 shall be imposed on any individual who files a frivolous return.			
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	
	YOUR SIGNATURE	DATE	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	FEIN, SSN OR PTIN
	SPOUSE'S SIGNATURE (IF FILING COMBINED, BOTH MUST SIGN EVEN IF ONLY ONE HAD INCOME)		PREPARER'S ADDRESS (AND ZIP CODE)	DATE
				DOR ONLY <input type="checkbox"/> S <input type="checkbox"/> P

SECTION B: Did you file a Form MO-1040 or have income from sources not included on Page 1, Section A? If so, complete Section B. Complete this section ONLY if you have income not listed on Page 1, Section A. If you do have other income, complete this section and enter the total from Line F, on Page 1, Section A, Line 4.

REPORT YOUR HOUSEHOLD INCOME NOT INCLUDED IN SECTION A	If filing Form MO-1040, you must enclose Form MO-1040 with this form. If you are MARRIED — FILING COMBINED, BOTH incomes must be entered.			
	Enclose Form MO-1040	A. Did you file a Form MO-1040, Individual Income Tax Return? If so, enter income from Form MO-1040, Line 6 and skip to Line C	A	00
	Enclose Form W-2(s)	B. If you do not file a Form MO-1040, enter wages, salaries, tips, etc.	B	00
	Enclose Form RRB-1099	C. Did you receive railroad retirement benefits? If so, enter amount before any deductions.	C	00
		D. Did you receive any veteran's payments or benefits? If so, enter amount before any deductions.	D	00
	Enclose Form MO-1040	E. Did you have any nonbusiness loss(es)? If so, you must include nonbusiness losses in your household income here.	E	00
	F. TOTAL — Section B — add Lines A through E. Enter total here and on Section A, Line 4 (front of form)		F	00

SECTION C: Complete this section (Certification of Rent Paid) only if you rented your home. (Complete additional Form MO-CRP(s), contained in this book, if you occupied more than one rental unit.)

CERTIFICATION OF RENT PAID	1. ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW?				
	2. LANDLORD'S NAME AND SOCIAL SECURITY NUMBER				
	3. LANDLORD'S HOME ADDRESS AND CITY, STATE AND ZIP CODE				
	4. RENTAL PERIOD DURING YEAR	FROM: MONTH _____ DAY _____ YEAR 2000	TO: MONTH _____ DAY _____ YEAR 2000		
	5. Enter your gross rent paid. (Enclose rental receipt(s))	5		00	
	6. You may need to reduce your rent paid. Check the box and enter the appropriate percentage on Line 6. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, MOBILE HOME LOT, DUPLEX OR LOW INCOME HOUSING — 100% <input type="checkbox"/> B. BOARDING HOME — 50% <input type="checkbox"/> C. RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50% ; Otherwise, enter — 100% <input type="checkbox"/> F. SHARED HOME—If you shared your home with relatives and/or friends (other than your spouse, if filing combined), enter the appropriate percentage of your home you occupied. You must enclose copies of your rent receipts or copies of cancelled checks for rent paid.			6	%
	7. Net rent paid. Multiply Line 5 by the percent on Line 6. ENTER HERE AND ON FORM MO-PTC, LINE 9.	7		00	